

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

as required by SDCL § 17-2-2.5

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER <i>MEADE COUNTY TIMES</i>		2. DATE <i>9/29/15</i>
3. FREQUENCY OF ISSUE <i>Weekly - Wednesday</i>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <i>52</i>	3B. ANNUAL SUBSCRIPTION PRICE \$ <i>52.00</i>
4. COMPLETE PHYSICAL ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <i>1022 MAIN ST, STURGES, MEADE COUNTY, SD 57785</i>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <i>1022 MAIN ST, STURGES, MEADE COUNTY, SD 57785</i>		
6. FULL NAME OF PUBLISHER: <i>SHANNON BRENNAN</i>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. <div style="display: flex; justify-content: space-between;"> FULL NAME COMPLETE MAILING ADDRESS </div> <p style="text-align: center;"><i>SEE ATTACHED</i></p>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. <p style="text-align: center;"><i>SEE ATTACHED</i></p>		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	<i>1,327</i>	<i>1,467</i>
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.	<i>672</i>	<i>771</i>
2. Mail Subscription (Paid and or requested)	<i>334</i>	<i>317</i>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	<i>1,006</i>	<i>1,088</i>
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	<i>91</i>	<i>120</i>
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	<i>1,097</i>	<i>1,208</i>
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	<i>132</i>	<i>180</i>
2. Return from News Agents	<i>98</i>	<i>79</i>
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	<i>1,327</i>	<i>1,467</i>

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

[Signature]
(Signature)

[Signature]
(Publisher)
Sworn to before me this *23* day of *Oct*, 20*16*

State of South Dakota

County of *Pennington*

(Seal)

KERRI BERARD



Form: SOS REC 051 3/2015

Notary Public

My commission expires: *12/21/19*

DEC 28 2015

S.D. SEC. OF STATE